

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/18/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152007		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 07/13/2011	
NAME OF PROVIDER OR SUPPLIER KINDRED HOSPITAL INDIANAPOLIS				STREET ADDRESS, CITY, STATE, ZIP CODE 1700 W 10TH ST INDIANAPOLIS, IN46222			
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S0000	<p>This visit was for a standard licensure survey.</p> <p>Facility Number: 006106</p> <p>Survey Date: 7-11/13-11</p> <p>Surveyors: Jack I. Cohen, MHA Medical Surveyor</p> <p>John Lee, RN Public Health Nurse Surveyor</p> <p>Albert Daeger Medical Surveyor</p> <p>QA: cloughlin 07/29/11</p>			S0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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S0320	<p>410 IAC 15-1.4-1(c)(6)(G)</p> <p>(c) The governing board is responsible for managing the hospital. The governing board shall do the following:</p> <p>(6) Require that the chief executive officer develops policies and programs for the following:</p> <p>(G) Providing employee health services and a post offer physical examination, in consultation with the infection control committee.</p> <p>Based on document review and interview, the facility failed to follow its policy/procedure for employees pre-employment physical examinations for 11 of 12 nursing personnel files reviewed (Staff #E1, E2, E3, E4, E5, E6, E7, E8, 2, 3 and 4).</p> <p>Findings include;</p> <p>1. Review of policy/procedure H-IC 05-001, Employee Health Program, indicated the following: "2. Prospective and current employees will undergo periodic health evaluations as required by local and State licensure regulations. These may include, but are not limited to some or all of the following as described by State or Federal Law:</p> <p>a. Pre-placement history or physical (this may be by a personal physician, facility</p>			S0320	<p>S320</p> <p><u>Immediate Corrective Action:</u> Our Employee Health Program has been revised to include Employee Health Nurse providing History screening questionnaire to new hires.</p> <p><u>Further Corrective Action to prevent Recurrence:</u> All new hire information will be reported through the Infection Control Committee and any issues identified with new hires will be reviewed.</p> <p><u>Monitoring:</u> The Infection Control Committee will oversee our Employee Health Program. Any issues identified will be Reported through Infection Control Committee meetings, Quality Council, MEC and Governing Board.</p>		08/26/2011

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S1118	<p>Medical Director or facility's preferred provider)."</p> <p>This policy/procedure was last reviewed/revised on 12-09-10.</p> <p>2. Review of employee #E1, E2, E3, E4, E5, E6, E7, E8, 2, 3 and 4's personnel files indicated that each had a pre-employment history and physical completed by staff #47, a licensed practical nurse.</p> <p>3. On 7-13-2011 at 1445 hours, staff #40 confirmed that staff #47 does the pre-employment history and physicals.</p> <p>410 IAC 15-1.5-8 (b)(2)</p> <p>(b) The condition of the physical plant and the overall hospital environment shall be developed and maintained in such a manner that the safety and well-being of patients are assured as follows:</p> <p>(2) No condition shall be created or maintained which may result in a hazard to patients, public, or employees.</p> <p>Based on observation, the hospital created conditions which resulted in a hazard to patients, public or employees in 5 instances.</p> <p>Findings:</p>			S1118	<p><u>Responsibility:</u></p> <p>Employee Health Nurse in conjunction with Infection Control Program Director</p> <p><u>Immediate Corrective Action:</u></p> <p>All fire extinguishers were immediately placed in appropriate holder.</p> <p><u>Further Corrective Action to</u></p>		07/13/2011

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S1162	<p>1. On 7-11-11 at 12:30 pm in the presence of employee #A2, it was observed in the Maintenance area that there were 5 fire extinguishers on the floor unsecured by chain or holder.</p> <p>2. If any of the above extinguishers were knocked over and broke the head off the compressed cylinder, it could result in harm to people and/or property.</p> <p>410 IAC 15-1.5-8(d)(2)(A)</p> <p>(d) The equipment requirements are as follows: (2) There shall be sufficient equipment and space to assure the safe, effective, and timely provision of the available services to patients, as follows:</p> <p>(A) All mechanical equipment (pneumatic, electric, or other) shall be on a documented maintenance schedule of appropriate frequency and with the manufacturer's recommended maintenance schedule.</p> <p>Based on document review and interview, the hospital failed to document annual preventive maintenance (PM) of 1 piece of mechanical equipment in accordance</p>			S1162	<p><u>prevent Recurrence:</u> Director of Plant Operations has reviewed with vendor the importance of ensuring fire extinguishers are placed in appropriate holder</p> <p><u>Monitoring:</u> The Director of Plant Operations will ensure fire extinguishers are placed in proper holder following each fire extinguisher Maintenance. Any issues identified will be corrected on the spot and reported through EOC, Quality Council, MEC and Governing Board.</p> <p><u>Responsibility:</u> Director Plant Operations</p> <p><u>Immediate Corrective Action:</u> Our PM checklist was modified to match</p>		08/11/2011

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	<p>with the manufacturer's recommended maintenance schedule.</p> <p>Findings:</p> <ol style="list-style-type: none"> Review of the manufacturer's recommended maintenance schedule for the air conditioning unit indicated the following Annual Maintenance: <ul style="list-style-type: none"> - Check and tighten all setscrew, bolts, locking collars and sheaves. - Visually inspect the entire unit casing for chips or corrosion. Remove rust or corrosion and repair surfaces. - Check superheat setting. It should be 12 to 17 F at the compressor. - Inspect all waterside plugs for corrosion or leaks and replace if necessary. Review of a document entitled AC unit, Annual [PM], indicated it did not include the above checks. On 7-13-11 at 2:05 pm, upon interview, employee #A2 indicated the above checks were not done and no other documentation was provided prior to exit. 				<p>manufacturers recommendations</p> <p><u>Further Corrective Action to prevent Recurrence:</u> The modified PM checklist will be utilized for all AC unit PM's going forward.</p> <p><u>Monitoring:</u> The Director of Plant Operations will ensure revised checklist is utilized for all AC unit PM's. The AC unit PM was redone utilizing the revised tool on 8/11/11. Any issues identified will be corrected and reported through EOC, Quality Council, MEC and Governing Board.</p> <p><u>Responsibility:</u> Director of Plant Operations</p>		

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S1164	<p>410 IAC 15-1.5-8(d)(2)(B)</p> <p>(d) The equipment requirements are as follows: (2) There shall be sufficient equipment and space to assure the safe, effective, and timely provision of the available services to patients, as follows:</p> <p>(B) There shall be evidence of preventive maintenance on all equipment. Based on document review, the hospital failed to provide evidence of preventive maintenance (PM) for 3 pieces of equipment.</p> <p>Findings:</p> <p>1. On 7-11-11 at 10:15 am, employee #A2 was requested to provide documentation of PM on a portable x-ray machine and a CT (computer tomography) scanner. No documentation was provided prior to exit.</p>			S1164	<p>S1164</p> <p><u>Immediate Corrective Action:</u> Vendor was contacted and requested to provide us with a copy of the PM's performed on CT scanner and Portable x-ray unit. Documents Received.</p> <p><u>Further Corrective Action to prevent Recurrence:</u> The vendor will be required to check in with Plant Operations when performing PM's so we can ensure a copy of the PM is received timely.</p> <p><u>Monitoring:</u> The Director of Plant Operations will monitor PM due dates and the Radiology staff will ensure Plant Operations is aware when vendor in-house for PM's to ensure compliance. Any issues identified will be corrected and reported through EOC,</p>		08/11/2011

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					Quality Council, MEC and Governing Board. <u>Responsibility:</u> Director Plant Operations		